

## **Application for Lease or Rent**

The undersigned applicant(s) hereby apply to lease or rent property. We warrant the accuracy of the information provided. We hereby authorize the landlord to check and verify any information herein without liability.

## **Access Apartment Hotels**

| Name  | Spouse's Name  |               |   |
|---|----------------|---------------|---|
| Permanent Address                                     |                |               |   |
| City  | State          | ZIP           | How Long  |
| Present Tel.  | Cell           |               | Fax   |
| Email Address   |                |               |   |
| Driver's License                                      | State          | Soc. Sec. #   | D.O.B   |
| Billing Address:                                      |                |               |   |
| Have eviction proceedings ever bee                    | en filed again | st you? YES   | S NO  |
| If Yes Explain  |                |               |   |
| Employer  |                | Your Title    | How Long  |
| Employer Address:                                     |                |               | Tel   |
| Apartment location needed                             |                |               | Bedrooms (1,2,3)                                |
| Apartment Move-in date*A check-out by 11:00AM on chec |                |               | date<br>in calculation for total number of days |
| Total number of occupants: Adults                     | S              | Children      |   |
| Will you have a pet? Type                             |                |               | Weight/Size of Pet(s)                           |
| How did you hear about us?                            |                |               |   |
| □Google □Yahoo □Bing □A                               | different sear | ch engine:    |   |
| □Joe's House website                                  |                |               |   |
| □Company brochure                                     |                |               |   |
| ☐ Handed a list by a MD Anderson                      | -              |               |   |
| □ Apartment complex representative                    |                |               |   |
| □Current or former resident - Who                     | ?              |               |   |
| Other   |                |               |   |
| Date:   | Signature of   | of Applicant: |   |